

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$6832.32 for date of service, 10/10/01.
- b. The request was received on 06/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial submission of TWCC 60
 1. UB-92
 2. EOB(s)
 - b. Additional documentation requested on 07/15/02 and received on 08/01/02
 1. Example EOBs from other insurance carriers
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 08/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/05/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement submitted.
2. Respondent: No response statement submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/10/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$7532.32 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$700.00 for services rendered on the above date in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$6832.32 for services rendered on the above date in dispute.
6. The Carrier's EOB(s) deny reimbursement as, "DENIAL AFTER RECONSIDERATION F – FEE GUIDELINE MAR REDUCTION PER INSURER DECISION".
7. There is no medical documentation in the file to support that services were rendered as billed.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted UB-92s for ambulatory surgical services for date of service 10/10/01. The bill in dispute is broken down into operating room services, medications, supplies, recovery room charges, etc. However, the total is considered the facility fees (what the facility charged for providing the facility, equipment and supplies in order for the surgical procedure to be done).

The carrier has denied the charges in dispute as "DENIAL AFTER RECONSIDERATION F – FEE GUIDELINE MAR REDUCTION PER INSURER DECISION". Pursuant to TWCC Rule 133.307 (g) the Requestor was notified to submit additional medical documentation on 07/15/02. The Requestor did not submit the required information. Therefore, there is no medical documentation to support services billed and **no** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 1st day of February 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt